

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) ▼

330 WEST 42ND STREET, 7TH FLOOR

☐ Check if different than previously reported. (ACC)

NEW YORK

NY

10036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00348540

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer

KEVIN FINNEGAN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1473937.22
(b) Cash on Hand at Beginning of Reporting Period.....	1473937.22	
(c) Total Receipts (from Line 19)	3442248.73	3442248.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4916185.95	4916185.95
7. Total Disbursements (from Line 31)	1716339.62	1716339.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3199846.33	3199846.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	744850.12	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1772.77	1772.77
(ii) Unitemized	3439575.86	3439575.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	3441348.63	3441348.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3441348.63	3441348.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	900.10	900.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3442248.73	3442248.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3442248.73	3442248.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8195.00	8195.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8195.00	8195.00
22. Transfers to Affiliated/Other Party Committees.....	1500000.00	1500000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	155000.00	155000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2628.80	2628.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2628.80	2628.80
29. Other Disbursements	50515.82	50515.82
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1716339.62	1716339.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1716339.62	1716339.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3441348.63	3441348.63
34. Total Contribution Refunds (from Line 28(d))	2628.80	2628.80
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3438719.83	3438719.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8195.00	8195.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	8195.00	8195.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

The unitemized contributions on line 11(a)(ii) of the Committee's July 31 Mid-Year report are from contributors whose aggregate contributions for the year totaled less than \$200 as of the close of the reporting period.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : SA11AI.16206

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.16207

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.16208

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JEANNIE BONVINO

Mailing Address 777 AVENUE Z

City

BROOKLYN

State

NY

Zip Code

11285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Kings Highway

Occupation

TECHNICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SA11Al.16210

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. NUBIA BUITRAGOMailing Address 37-31 73RD STREET
APT. 9N

City

JACKSON HEIGHTS

State

NY

Zip Code

11372

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARTNERS IN CARE

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SA11Al.16212

Amount of Each Receipt this Period

43.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MARIA COLLADO

Mailing Address 1755 SEDDON STREET

City

BRONX

State

NY

Zip Code

10461

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SA11Al.16214

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

126.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HELEN DELA CRUZ

Mailing Address 432 Carr Street

City

Forked River

State

NJ

Zip Code

08731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Medical Center Petrie (RN)

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	5		

Transaction ID : SA11Al.16216

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JAMES Frazier

Mailing Address 355 Clinton Avenue Apt. 2G

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	5		

Transaction ID : SA11Al.16218

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JAMES Frazier

Mailing Address 355 Clinton Avenue Apt. 2G

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	5		

Transaction ID : SA11Al.16219

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. James Gould

Mailing Address 165 Honeysuckle Dr

City

Jupiter

State

FL

Zip Code

33458-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Palm Hospital

Occupation

Imaging MRI Tech Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : SA11AI.16221

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. James Gould

Mailing Address 165 Honeysuckle Dr

City

Jupiter

State

FL

Zip Code

33458-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Palm Hospital

Occupation

Imaging MRI Tech Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.16222

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. James Gould

Mailing Address 165 Honeysuckle Dr

City

Jupiter

State

FL

Zip Code

33458-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Palm Hospital

Occupation

Imaging MRI Tech Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.16223

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. James Gould

Mailing Address 165 Honeysuckle Dr

City
Jupiter

State Zip Code
FL 33458-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Palm Hospital

Occupation

Imaging MRI Tech Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

05 / 31 / 2015

Transaction ID : SA11AI.16224

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANGELA JONES

Mailing Address 156 WELLESLEY STREET

City
HEMPSTEAD

State Zip Code
NY 11550

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKAWAY HOME ATTENDANT SERV.

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.26

Date of Receipt

05 / 31 / 2015

Transaction ID : SA11AI.16227

Amount of Each Receipt this Period

48.44

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Rolando King

Mailing Address 3054 83rd St

City
East Elmhurst

State Zip Code
NY 11370-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEIU-CC, LLC

Occupation

Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : SA11AI.16230

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

200.44

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Betsy Marville

Mailing Address 9914 62nd Ter S

Apt B

City

Boynton Beach

State

FL

Zip Code

33437-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.16232

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Betsy Marville

Mailing Address 9914 62nd Ter S

Apt B

City

Boynton Beach

State

FL

Zip Code

33437-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.16233

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Jeannine Offord

Mailing Address 9 Cedar Lane

City

Medford

State

NY

Zip Code

11763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Lodge Nursing Home

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SA11AI.16235

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION3

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Debra Pucci

Mailing Address 888 Union St

City

Brooklyn

State

NY

Zip Code

11215-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Education Project (H.E.P.)

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	5

Transaction ID : SA11AI.16237

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Monica Russo

Mailing Address 11 NW 154th Street

City

Miami

State

FL

Zip Code

33169

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

Transaction ID : SA11AI.16239

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Monica Russo

Mailing Address 11 NW 154th Street

City

Miami

State

FL

Zip Code

33169

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : SA11AI.16240

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Brendan Shaw

Mailing Address 297 Driggs Avenue #2B

City	State	Zip Code
Brooklyn	NY	11222

FEC ID number of contributing federal political committee.

C

Name of Employer
SEIU Communications Center Inc

Occupation
DIRECTOR OF COMMUNICATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Transaction ID : SA11AI.16242

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DOREEN TAY

Mailing Address 2320 BRONX PARK EAST
APT 6A

City	State	Zip Code
BRONX	NY	10467

FEC ID number of contributing federal political committee.

C

Name of Employer
BAY PARK CENTER FOR NURSING

Occupation
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Transaction ID : SA11AI.16244

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

1772.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 44

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

141.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA17.16199

Amount of Each Receipt this Period

141.96

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA17.16200

Amount of Each Receipt this Period

68.08

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA17.16201

Amount of Each Receipt this Period

113.40

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

323.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA17.16202

Amount of Each Receipt this Period

146.44

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA17.16203

Amount of Each Receipt this Period

194.69

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA17.16204

Amount of Each Receipt this Period

235.53

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.66

900.10

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

8195.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2015

Transaction ID : SB22.16164

Amount of Each Disbursement this Period

1000000.00

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2015

Transaction ID : SB22.16177

Amount of Each Disbursement this Period

1000000.00

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
VOID- UNCASHED CHECK

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SB22.16249

Amount of Each Disbursement this Period

-500000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500000.00

1500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. GARCIA FOR CHICAGOMailing Address 4249 S, ARCHER AVENUE
STE. 100

City CHICAGO State IL Zip Code 60632

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JESUS GARCIAOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB23.16185

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

B. GARCIA FOR CHICAGOMailing Address 4249 S, ARCHER AVENUE
STE. 100

City CHICAGO State IL Zip Code 60632

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JESUS GARCIAOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SB23.16188

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C. VINNIE FOR CONGRESS

Mailing Address 41 CHALLENGER DRIVE

City STATEN ISLAND State NY Zip Code 10312

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VINCENT GENTILEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SB23.16182

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155000.00

155000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CLARA A. ARZU

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Mailing Address 1020 TRINITY AVENUE
#8-A

City BRONX State NY Zip Code 10456

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB28A.16195**

Amount of Each Disbursement this Period

30.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. KAREN MARIE BARTLEY-ASHLEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2015

Mailing Address 501 E. 93RD STREET

City BROOKLYN State NY Zip Code 11212

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB28A.16157**

Amount of Each Disbursement this Period

160.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FRANCES A. CELENTANO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

Mailing Address 48 PRESIDENT STREET

City BROOKLYN State NY Zip Code 11231

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB28A.16166**

Amount of Each Disbursement this Period

25.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Crystal Houck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2015

Mailing Address 112 Gregory Hollow Road

City	State	Zip Code
Downsville	NY	13755

Transaction ID : SB28A.16165Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1270.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. TEZONA JONES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Mailing Address 53 COMSTOCK AVENUE

City	State	Zip Code
BUFFALO	NY	14215

Transaction ID : SB28A.16193Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

879.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. MARIA LAZO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Mailing Address 3757 101 STREET
APT 1

City	State	Zip Code
CORONA	NY	11368

Transaction ID : SB28A.16168Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

25.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2174.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NATALIE LEWIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2015

Mailing Address 415 CHARTLEY PARK ROAD

City	State	Zip Code
REISTERSTOWN	MD	21136

Transaction ID : SB28A.16160Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

47.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. MARIA C. NOBOA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Mailing Address 1063 BEACH 22ND STREET

City	State	Zip Code
FAR ROCKAWAY	NY	11691

Transaction ID : SB28A.16170Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

87.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. MARIO PEREIRA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Mailing Address 26 S. WATER STREET
APT 103

City	State	Zip Code
NEW BEDFORD	MA	02740

Transaction ID : SB28A.16172Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

35.30

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

169.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 32BJ/144 SEIU HOMECARE PAF

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Mailing Address 330 WEST 42ND STREET

Transaction ID : SB29.16176

City	State	Zip Code
NEW YORK	NY	10036

Amount of Each Disbursement this Period

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNTCategory/
Type

1073.50

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

Transaction ID : SB29.16154

Amount of Each Disbursement this Period

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNTCategory/
Type

52.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. 1199 SEIU DUES ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

Transaction ID : SB29.16175

Amount of Each Disbursement this Period

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNTCategory/
Type

156.96

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1282.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : SB29.16181

Amount of Each Disbursement this Period

168.00

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Transaction ID : SB29.16189

Amount of Each Disbursement this Period

246.36

Full Name (Last, First, Middle Initial)

C. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2015

Transaction ID : SB29.16190

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

594.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 SEIU MASSACHUSETTS PAC

Mailing Address 330 W 42ND STREET, 7 FL

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Transaction ID : SB29.16174

Amount of Each Disbursement this Period

108.00

Full Name (Last, First, Middle Initial)

B. DEPARTMENT OF THE TREASURY

Mailing Address INTERNAL REVENUE SERVICE CENTER

City	State	Zip Code
OGDEN	UT	84201

Purpose of Disbursement
INCOME TAXES - 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Transaction ID : SB29.16180

Amount of Each Disbursement this Period

531.00

Full Name (Last, First, Middle Initial)

C. TARGETSMART COMMUNICATIONS LLCMailing Address 1750 K STREET, NW
STE. 1200

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement
ENHANCED VOTER FILES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : SB29.16191

Amount of Each Disbursement this Period

48000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

48639.00

50515.82

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

32560.00

Transaction ID : SD10.12155

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32560.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

9465.92

Transaction ID : SD10.12156

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9465.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID : SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

1) **SUBTOTALS** This Period This Page (optional)..... ►

50117.90

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID : SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID : SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID : SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

1) **SUBTOTALS** This Period This Page (optional)..... ►

83291.23

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID : SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID : SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID : SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

1) **SUBTOTALS** This Period This Page (optional)..... ►

217389.38

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID : SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID : SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID : SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

1) **SUBTOTALS** This Period This Page (optional)..... ►

20870.64

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SEIU SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID : SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID : SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID : SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

1) **SUBTOTALS** This Period This Page (optional)..... ►

21664.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID : SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID : SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

13004.52

Transaction ID : SD10.11208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.52

1) **SUBTOTALS** This Period This Page (optional)..... ►

39080.47

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

20006.45

Transaction ID : SD10.11209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20006.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

18904.21

Transaction ID : SD10.11206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18904.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

188588.83

Transaction ID : SD10.11207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

188588.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

227499.49

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICAN EXPRESSNature of Debt (Purpose):
CATERING

Mailing Address P.O. BOX 2855

City State

Zip Code

NEW YORK

NY

10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID : SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State

Zip Code

CHICAGO

IL

60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID : SD10.6540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JENNY BAUERNature of Debt (Purpose):
REIMBURSEMENT FOR CATERING
EXPENSES

Mailing Address 2 WILCOTT PARK

City

State

Zip Code

MEDFORD

MA

02155

Outstanding Balance Beginning This Period

43.65

Transaction ID : SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

1) **SUBTOTALS** This Period This Page (optional)..... ►

1439.77

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LILLIAN CARINO

Nature of Debt (Purpose):

REIMBURSEMENT FOR TRAVEL
EXPENSESMailing Address 327 SAINT NICHOLAS AVENUE
APT. 2NCity State Zip Code
NEW YORK NY 10027-3609

Outstanding Balance Beginning This Period

45.00

Transaction ID : SD10.6508

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

6277.88

Transaction ID : SD10.12157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

3138.94

Transaction ID : SD10.12248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3138.94

1) SUBTOTALS This Period This Page (optional)..... ►

9461.82

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ENTERPRISE RENT-A-CARNature of Debt (Purpose):
RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State

Zip Code

KANSAS CITY

MO

64184-0173

Outstanding Balance Beginning This Period

3587.36

Transaction ID : SD10.12250

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3587.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACK CROUNSE GROUPNature of Debt (Purpose):
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State

Zip Code

ALEXANDRIA

VA

22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACK CROUNSE GROUPNature of Debt (Purpose):
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State

Zip Code

ALEXANDRIA

VA

22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

6800.04

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NOVAK MEDIA INC.

Nature of Debt (Purpose):

RADIO BUY & PRODUCTION

Mailing Address 159 WEST MAIN STREET

City State

WEBSTER

Zip Code

NY

14580

Outstanding Balance Beginning This Period

18850.00

Transaction ID : SD10.7361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ANTONELLA PECHTEL

Nature of Debt (Purpose):

REIMBURSEMENT CATERING EXPENSE

Mailing Address 401 ROSE AVE

City State

SCHENECTADY

Zip Code

NY

12308

Outstanding Balance Beginning This Period

201.39

Transaction ID : SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):

ROBO CALLS

Mailing Address 330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

4372.06

Transaction ID : SD10.7362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4372.06

1) SUBTOTALS This Period This Page (optional)..... ►

23423.45

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):
PHONE BANK CALLS

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY 10036

Outstanding Balance Beginning This Period

22157.25

Transaction ID : SD10.8325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22157.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STANDARD MODERN COMPANY

Nature of Debt (Purpose):
DOORHANGERS

Mailing Address 47 PLEASANT STREET

City State

BROCKTON

Zip Code

MA 02301

Outstanding Balance Beginning This Period

598.89

Transaction ID : SD10.12252

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

598.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City

CHICAGO

State

IL

Zip Code

60606

Outstanding Balance Beginning This Period

726.26

Transaction ID : SD10.12158

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.26

1) SUBTOTALS This Period This Page (optional)..... ►

23482.40

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 39 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12253

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12254

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State Zip Code
CHICAGO IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

1) **SUBTOTALS** This Period This Page (optional)..... ►

2400.21

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 40 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1897.47

Transaction ID : SD10.6517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1897.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1849.15

Transaction ID : SD10.6518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

835.02

Transaction ID : SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

1) SUBTOTALS This Period This Page (optional)..... ►

4581.64

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

435.95

Transaction ID : SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID : SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID : SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

1) SUBTOTALS This Period This Page (optional)..... ►

3864.94

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 42 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

367.37

Transaction ID : SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

262.40

Transaction ID : SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

477.00

Transaction ID : SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

1) SUBTOTALS This Period This Page (optional)..... ►

1106.77

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 43 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

524.80

Transaction ID : SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID : SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

419.84

Transaction ID : SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

1) SUBTOTALS This Period This Page (optional)..... ►

2059.64

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 44 OF 44

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City State

BALTIMORE

Zip Code

MD

21288

Outstanding Balance Beginning This Period

539.45

Transaction ID : SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

BALTIMORE

Zip Code

MD

21288

Outstanding Balance Beginning This Period

2552.60

Transaction ID : SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

BALTIMORE

State

MD

Zip Code

21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID : SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

1) SUBTOTALS This Period This Page (optional)..... ►

6316.21

2) TOTALS This Period (last page this line number only)..... ►

744850.12

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

744850.12